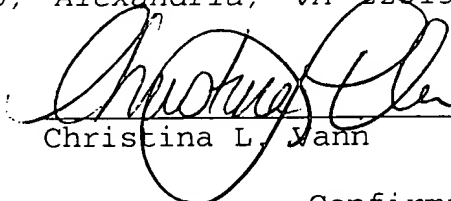




PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 21, 2003.


Christina L. Mann

Appl No.	: 09/982,984	Confirmation No.	8184
Applicant	: Do-Houn Pyun, et al.		
Filed	: October 17, 2001		
Title	: CATHODE-RAY TUBE		
TC/A.U.	: 2879		
Examiner	: Ashok Patel		
Docket No.	: 45756/DBP/Y35		
Customer No.	: 23363		

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
November 21, 2003

Commissioner:

In response to the Office action of August 21, 2003, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

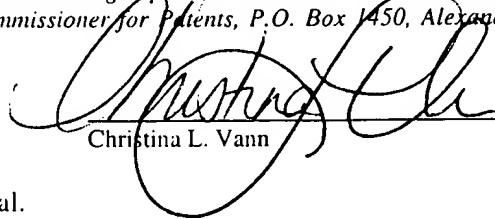
Remarks/Arguments begin on page 11 of this paper.



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

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Christina L. Vann

Applicant : Do-Houn Pyun, et al.
Application No. : 09/982,984
Filed : October 17, 2001
Title : CATHODE-RAY TUBE

Grp./Div. : 2879
Examiner : Ashok Patel

Docket No. : 45756/DBP/Y35

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PostOffice Box 7068
Pasadena, CA 91109-7068
November 21, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	30	*30	0	0 x \$9.00	0 x \$18.00	0
Independent Claims	3	** 3	0	0 x \$43.00	0 x \$86.00	0
Multiple Dependent Claims ***				\$145.00	\$290.00	0
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 1, 9 and 19						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

Attached is our check for \$0 to pay the fees calculated above.
A Petition for Extension of Time and the required fee are enclosed.